

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
9/1/98  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 JUN -4 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000092894

1. Corporation Name

SENECA FEDERAL CORPORATION

Principal Place of Business

3000 59TH AVE DR. E  
BRADENTON FL 34203  
US

Mailing Address

3101 59TH AVE. DR. EAST  
BRADENTON FL

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3007 59th Ave Dr E  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3007 59th Ave Dr E  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

12/22/1994

5. FEI Number

65-0549413

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PVST	JOHNSON, LYNN M	5850 DOVE ROAD	SARASOTA FL

8/6/10

97 notice not received

8. Name and Address of Current Registered Agent

BONE, DAVID D P.A.  
786 HUDSON AVE  
SUITE B  
SARASOTA FL 34238

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 3/27/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on Intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

3/27/98 941-922-2985  
Date Daytime Phone #

CR2E040 (8/97)